DISBURSEMENT TOTAL

SUMMARY OF BATCHES
ANDINT PAID APPLIED TO REFUNDS
HUMBER OF GROSS CHARGE LINES
GROSS COVERED CHARGES
NET COVERED CHARGES

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2.967.837.7 真正素,含素产品。6 6,435.00

SUMMARY AMOUNT NUMBER GROSS SECTION	DISBLESE		43		*	の かか	59 60	69 93	38 60	0.0	**	44 48	11 40	P. 44		CODE YEAR	PYMT CONT.	PAYMENT S	DISBLASEN
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO NUMBER OF GROSS CHARGES GROSS COVERED CHARGES ACT COVERED CHARGES	DISBLESEMENT TOTAL	OFFSETTING	BELLIN MORE	ON1113S440	GROSS MEN	OFF SETT I MG	RPP ALLOC	OFF SETTING	RPP MART	OFFSETTING	DEMAND NOT	OFF SETTING	DRUG CLAIM	OFF SETTING	COMPACT	20	PYMT CONTRACT EXPLANATION	PAYMENT SUPPLARY INFORMATION	DISBLASEMENT DATE : 02/29/2000
HWARY OF BATCHES AND APPLIED TO REFUNDS AND TO GROSS CHARGE LIMES GROSS COVERED CHARGES ACT COVERED CHARGES		ENTRY	PROM INTEREST INC ADJ	N. T. W.	3	ANTEND.	01312000	ENTRY	1 01312000	A MARK		ARING	DRUG CLAIM ALLOC \$1512998	SMT#Y	CONTRACT AGT EXP 91312808		AT ION	MAT JOH	2/24/2000
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																STANDARD	TEMS PAID		
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88 8 86 8 86 8																I GI			
																ï			
																STANDARD	ANDUNT PAID		PAGE NUMBER
		\$3.961.95CR	53, 461, 45	319,717.20CR	310,717.20	74.734.23CR	74,734.23	785,596,2408	785,598,24	13,126.70CR	13,126.70	1,826,508,8308	1,121,501,43	72, 754, 73CR	72,754,73	TOTAL			-
		92/29/299914993	82/29/2	2/29/2	32/29/2	82/29/2	12/24/2	12/29/2	\$2/29/2	12/29/2	12/29/2	\$2/29/2	92/29/2	12/29/2	\$2/29/2	PROCESS!	DATE		
	140031	4041404	82/29/2000140031	82/29/200014003	92/29/2000140059	#2/29/2000140031	82/24/2555116039	*2/29/2001140039	\$2/29/2###140031	22/29/200016003	\$2/29/2008168851	92/29/200016805	92/29/2000[4003·	#2/29/240914505	\$2/29/20001485S	PROCESSED 14995	50041	14003	140031

\$394| \$394| \$394| \$394| \$304| \$206| \$275/2006|304| \$275/2006|306| \$275/2006|306| \$275/2006|306| \$275/2006|306| \$304| \$304| \$306| \$306| \$306| \$306| \$306| \$306| \$306| \$306|

Query Name: GLC7501\_

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5	cription:	To Record	d Mail	Order	Drug &	Retail Pl	harmacy	(Payce	des 1	1 &	Source	: NME	Acctg Per: 3	Journal Status:	N Reversal: None	Reversal Date:
	BusDiv/	38)								PrdGrp	ı	State Cd/				
ıc	Product	Account	AB	Affil	Dept	Proj	Subdy	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	5,181,378.23	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-5,181,378.23	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	IN000	3,733,953.60	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	<b>503</b> 00015						40	130	21	95	IN000	0.00	-3,733,953.60	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	KY000	3,091,178.76	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-3,091,178.76	0.00	Prem Direct-SA-Pd Clm
												Totals	12,006,510 59	-12,006,510.59	0.00	

PLAN NAME : COMMUNITY MUTUAL INSURANCE ATTENTION : KAY KRAKE CW2 272 DISBURSEMENT DATE : 03/22/2000	COMPANY	PLAN 332	FT400198-19980010 REMITTANCE NUMBER 2000-003 PAGE NUMBER 01	
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION CODE YEAR  11 40 DRUG CLAIM ALLOG 02292000 44 40 OFFSETTING ENTRY 38 40 RPP BENEFIT 02292000 44 40 OFFSETTING ENTRY 39 40 RPP ALLOG 02292000 44 40 OFFSETTING ENTRY DISBURSEMENT TOTAL	ITEMS PAID HIGH STANDARD TOTAL	H I GH	AMOUNT PAID STANDARD TOTAL 3,087,098.51 3,087,098.51CR 2,094,279.72 2,094,279.72CR 102,562.22 102,562.22CR	03/22/2000
SUMMARY OF BATCHES  AMOUNT PAID APPLIED TO REFUNDS  NUMBER OF CROSS CHARGE LINES  CROSS COVERED CHARGES  NET COVERED CHARGES  HDR 1 ** ** ** ** ** ** ** ** ** ** ** ** *	************	0.00 0 0.00 0.00 0.00	*****	* ~ * * * * * * * * * * * * * * * * * *

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PLAN MAME : ASSOCIATED INSURANCE CON ATTENTION : MS BARBARA GRIFFITH DISBURSEMENT DATE : 03/23/2000	PANIES INC		W. Marie Control of the Control of t	PLAN 550	FT488198-14980 REMITTANCE NUM PAGE NUMBER		
PAYMENT SUMMARY INFORMATION PYNT CONTRACT EXPLANATION CODE YEAR 01 39 CLAIMS SUBMITTED 02 39 CLMS SUB MOT APP 01 40 CLAIMS SUBMITTED 02 40 CLMS SUB MOT APP		EMS PAID TANDARD 708 226CR 4,151 847CR	TOTAL 2,972 2,471CR 4,536 917CR	HIGH 7,799,47CR 10,911.14 10,298.77 299.17	AMOUNT Palo STANDARD 89:493.91 299:31CR 289:475.17 126:69	TOTAL &1.554.44 10.511.83 300.274.94 428.05	DATE PROCESSED 03/21/2000 03/21/2000 03/21/2000 03/21/2000
DISBLESEMENT TOTAL	142	3,778	3,920	13,709.61	379.299.46	393,009.27	
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LIMES GROSS COVERED CHARGES NET COVERED CHARGES				8,40 12,933 2,573.55 2,569,24			

PLAN MAME : ASSOCIATED INSURANCE C ATTENTION : MS BARBARA GRIFFITH DISBURSEMENT DATE : 83/22/2999	OMPANIES INC	PLAN 139	FT490195-19950010 REMITTANCE NUMBER 2000-004 PAGE NUMBER 01	
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION EDDE YEAR 11 40 DRUG CLAIM ALLOC 022921 44 40 DEFSETTING ENTRY 14 40 DEFSETTING ENTRY 15 40 RPP BEMEFIT 922921 44 40 DEFSETTING ENTRY 15 40 DEFSETTING ENTRY 15 40 DEFSETTING ENTRY 16 40 DEFSETTING ENTRY 17 40 DEFSETTING ENTRY 18 40 DEFSETTING ENTRY	99 98 88	TAL HISH	AMOUNT PAID  STANDARD  2,173,374,2; 21,186,6; 21,186,6; 1,569,574,5; 4,524,6; 76,224,6;	4 03/22/2000 4CR 03/22/2000 4 03/22/2000 4CR 93/22/2000 4CR 93/22/2000 6 03/22/2000 4 03/22/2000
DISBURSEMENT TOTAL  SUMMARY OF BATCHES  AMOUNT PAID APPLIED TO REFUNDS HUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES MET COVERED CHARGES		3,90 5 0,00 0,00		

0-0

2,191 (500) (A 1,561,171 (56 (8 3,735 (51,4) (9

PLAN NAME : BLUE CROSS AND BLUE SHEE AFTENTION : ROBERT B FLEMING DISBURSEMENT DATE : 03/23/2000	ELO OF KENTUC	CV INC ·		PLAN 660	FT400198-19485 REMITTANCE NUM PAGE NUMBER		668057 668057 6680€3
PAYMENT SUMMARY INFORMATION PYNT CONTRACT EXPLANATION CODE: VEAR  D: 39 CLAJMS SUBMITTED D2 39 CLMS SUB NOT APP D1 40 CLAJMS SUBMITTED D2 40 CLMS SUB NOT APP D1 39 CLAJMS SUBMITTED D2 39 CLAJMS SUBMITTED D2 39 CLAJMS SUBMITTED D1 40 CLAJMS SUBMITTED D2 40 CLAJMS SUBMITTED D2 40 CLAJMS SUBMITTED D2 40 CLAJMS SUBMITTED		EMS PAID TANDARD 575 205CR 2.829 170R 21 4CR 173 185CR	TOTAL 2.985 1.786CR 2.935 655CR 990 975CR 174 18CR	#15# 39,669.47 39,668.42ER 3,701.59 236.14 2,617.52 2,617.52CR 30.78	##OUNT PAID STANDARD 14.023.47 340.33 115.273.51 5.220.67CR 4.397.61	101AL 55,664,14 39,866,89CR 10,974,81 254,14 603,15C@ 2,617,52CR 4,428,39	DATE 640057 PROCESSED 440057 03/16/2000440057 03/16/2000440057 03/16/2000440057 03/21/2000440057 03/21/2000440057 03/21/2000440057 03/21/2000440057
DISBURSEMENT TOTAL  SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFLAIDS NUMBER OF GROSS CHARGE LINES GROSS COUVERED CHARGES ACT COVERED CHARGES	78	2.754	2.852	4,235.67 31,00CR 11,740 1,346.44	130.864.05	135,#34.27	ba 0 0 5 7 6 4 9 6 5 7 6 6 0 9 6 7 6 6 9 6 7 6 6 9 6 7 6 8 9 6 7

PLAN NAME	: BLUE CROSS AND BLUE SHIE	LD OF KENTUCKY INC		PLAN 160	FT400198-1998		160056
					REMITTANCE NU		
DISDOMSE.	MENT DATE : 03/22/2008				PAGE NUMBER	<b>\$1</b>	100050
PAYMENT S	LUMMARY INFORMATION						160056
PYHT CONT	RACT EXPLANATION	ITEMS PAID			AMDUNT PAID		DATE 160556
CODE YEA	Lii	HIGH STANDARD	TOTAL	HIGH	STANDARD	7DTAL	PROCESSED 110054
15 40	CONTRACT AGT EXP 32292000					50.441.11	03/22/2000140056
44 40	OFFSETTING ENTRY					59.441.11CR	03/22/2000160056
11 40	DRUG CLAIM ALLOC \$2292000					1,773,594,21	03/22/2000160056
44 40	OFFSETTING ENTRY					1.775.5#4.2102	03/22/2000160056
14 40	DEMAND HG1 92242000					15.132.42	03/22/2000160056
44 40	OFFSETTING ENTRY					15.132.42CM	03/22/2000160856
58 40	RPP BEMEFIT 82242080					1.517.674.55	03/22/2800140054
44 40	OFFSETTING ENTRY					1.317.874.55CR	05/22/2000140054
34 40	RPP ALLDC 82292800					48.540.56	03/22/2000160056
44 40	OFFSETTING ENTRY					48,580.58CR	03/22/2000140054
DISBURSE	MENT TOTAL						160056
Z CHANNEL A	OF BATCHES						140054
AMOUNT	PAID APPLIED TO REFLANDS			4.00			160056
NUMBER	OF GROSS CHARGE LINES						140054
	COVERED CHARGES			1.10			140054
MET CO	WERED CHARGES			9.88			140054

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95	cription:	To Record	Mail Order	Drug ar	nd Retail	Pharmac	y (Pay	codes	11 &	Source	: NME	Acctg Per: 4	Journal Status:	N Reversal: None	Reversal Date:
	BusDiv	t							PrdGrp	ř	State Cd/				
ine	Product	Account	AB Affil	Dept	Proj	Subdy	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description
	NFEP	70300040					40	130	21	95	OH000	5,789,003.55	0.00	0.00	Benefits Dw-SA-Pharmacy
	NEEP	50300015					40	130	21	95	OH000	0 00	-5,789,003.55	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040					40	130	21	95	IN000	4,326,188.98	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015					40	130	21	95	IN000	0.00	-4,326,188.98	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040					40	130	21	95	KY000	3,527,496.89	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015					40	130	21	95	KY000	0.00	3,527,496.89	0.00	Prem Direct-SA-Pd Clm
											Totals	13,642,689 42	-13,642,689.42	0.00	

PLAN NAME : COMMUNITY MUTUAL INSURANCE ATTENTION : KAY KRAKE CW2 272 DISBURSEMENT DATE : 04/24/2000	COMPANY	PLAN 332	FT400198-1998 REMITTANCE NUI PAGE NUMBER		
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION CODE YEAR  11 40 DRUG CLAIM ALLOC 03312000 44 40 OFFSETTING ENTRY 38 40 RPP BENEFIT 03312000 44 40 OFFSETTING ENTRY 39 40 RPP ALLOC 03312000 44 40 OFFSETTING ENTRY	ITEMS PAID HIGH STANDARD TOTAL	нтсн	AMOUNT PAID STANDARD	TOTAL 2,203,100.01 2,203,100.01CR 3,585,903.54 3,585,903.54CR 46,851.43 46,851.43CR	DATE PROCESSED 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000
DISBURSEMENT TOTAL SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES NET COVERED CHARGES		0.00 0 0.00 0.00		5, 789,003	,55

ATTENTION	ASSOCIATED INSURANCE COMPA	NIES INC		FLAN 136	FT400198-19988810		
DISBURSEM	ENT DATE : 04/24/2000				PAGE NUMBER	01	
PAVMENT SI	UNHARY INFORMATION RACI EKPLANATION	TIEMS PAID HIGH STANDARD	JATOT	нгон	AMOUNT PAID STANDARD 1.580 1.585 37 3.7 2.746 2.746 2.940 1.940 1.940 1.940 1.940	TOTAL ,138.76 ,158.76CR ,114.97CR ,116.97CR ,056.20 ,056.20CR ,186.12CR ,113.52CR ,113.52CR ,228.66 ,228.66 ,797.73 ,797.73CR	DATE PROCESSED 04/24/2001 04/24/2001 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000 04/24/2000
DISBURSE	HENY TOTAL				2.516	. 644.26	
AMOUNT NUMBER GROSS (	OF BATCHES PAID APPLIED TO REFUNDS OF GROSS CHARGE LINES COVERED CHARGES VERED CHARGES			0 . 0 0 0 0 . 0 0 0 . 0 0	4,326,	188.98	<b>3</b>

PLAN NAME : BLUE CROSS AND BLUE S ATTENTION : ROBERT B FLEMING DISBURSEMENT DATE : 04/25/2000	HIELD OF KENTUC	KY INC		PLAN 460	FT400198-19980 REMITTANCE NUM PAGE NUMBER		66008 66006 66005
PAYMENT SUMMARY INFORMATION PYMY CONTRACT EXPLANATION CODE: YEAR 01 SP CLAIMS SUBMITTED 02 36 CLMS SUB NOT APP 01 40 CLAIMS SUBMITTED 02 40 CLMS SUBMITTED 01 40 CLAIMS SUBMITTED 01 50 CLAIMS SUBMITTED 02 50 CLAIMS SUBMITTED 02 50 CLAIMS SUBMITTED	17 HIGH 5 2,405 2,598CR 151 47CR 76 77CS	EMS PAID TANDARD SIE 1902 S.464 52402	701AL 2,723 2,497CR 5,840 866CR 76 77CR 28	HECH 8,968.01 8.805.63CR 4,143.65 4,221.29 4,216.57CR	AMOUNT PAID STANDARC 15,245.49 528.61 107.555.03 421.47 124.36	TOTAL 22,203.50 6,276.82CR 111.696.66 421.47 6,345.67 4,215.57CR 826.14	DATE 88406 PROCESSED 68408 04/18/20008806 04/18/20008008 04/18/20008008 04/18/20008008 04/18/20008008 04/21/20008008
DISBURSEMENT TOTAL	112	5.3%7	3,504	4,302.75	122,701.32	27,005.07	** 000
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES NET COVERED CHARGES				0.60 13.095 ,428.72 ,361.98			66 5 5 5 5 6 5 5 5 6 6 5 5 5 6 6 5 5 5 6 6 5 5 5

PLAN NAME : BLUE CROSS AND BLUE SHIELD OF ATTENTION : ROBERT B FLEMING DISBURSEMENT DATE : 04/24/2866	RENTOCKY INC	PLAN 16T	FT400198-19980010 REMITTANCE NUMBER 2000-080 PROE NUMBER 01	1 6 0 0 8 5 1 6 0 0 8 5 1 6 6 0 8 5
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION	DIAS PAITI PEGNAFE PAIN	16∟ м 5н	AMOUNT PAID STANDARD 35,163,70 35,163,70 35,163,70 1,276,141,85 2,251,110 2,551,110 2,244,555,040 31,036,670 31,036,670	DATE 1800A0 PROCESSED 1800A0 PROCESSED 1800A0 04/24/25001800A0 04/24/25001800A0 04/24/25001800A0 04/24/26001800A0 04/24/26001800A0 04/24/26001800A0 04/24/26001800A0 04/24/26001800A0 04/24/26001800A0
DISBURSEMENT TOTAL SUMMARY OF BATCHES ANDURT PAID APPLIED TO REFUNDS NUMBER OF CROSS CHARGE LIMES GROSS COVERED CHARGES NOT COVERED CHARGES		€ . ♥ ♥ 0 0 . & ¢ € . & ¢	3,587,490	1.89 10000 1.0000 1.0000 1.0000 1.0000 1.0000

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Page: 1

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FEP31 Journal Date: 05/31/2000

ŧC	ription:	To Record	Mail	Order	Drug an	d Retail	Pharmac	y (Pay	codes	118	Source	: NME	Acctg Per: 5	Journal Status:	N Reversal: None	Reversal Date:
	BusDiv/									PrdGrp	¥	State Cd/				
:* :*	Product	Account	AB	Affil	Dept	Proj	Subdy	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description
	NFEP	70300040						40	130	21	95	IN000	3,298,204.13	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	0.00	-3,298,204.13	0.00	Prem Direct-SA-Pd Clm
	NEEP	70300040						40	130	21	95	KY000	2,726,482.51	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-2,726,482,51	0.00	Prem Direct-SA-Pd Clm
												Totals	6,024,686.64	-6,024,686,64	0.00	

PLAN NAME : ASSOCIATED INSURANCE COMPANIES ATTENTION : MS BARBARA GRIFFITH DISBURSEMENT DATE : 05/19/2000	INC	PLAN 133	FT488196-19983810 REMITTANCE NUMBER 2008-008 PAGE NUMBER 01	,
PAYMENT SUMMARY IMFORMATION PMT CONTRACT EXPLANATION CDDE YEAR ALL 40 GROSS PREM MRITTEN ISTOTE ALL 40 DEFSETTING ENTRY AS 40 PERSTTING ENTRY AS 40 PERSTTING ENTRY AS 40 PERSTTING ENTRY AS 40 DEFSETTING ENTRY AS 40 PERSTTING ENTRY AS 50 GROSS PREM-MRITADJ 44 30 OFFSETTING ENTRY AS 50 INTEREST INC ADJ 44 30 OFFSETTING ENTRY AS 50 INTEREST INC ADJ 515BURSEMENT TOTAL	ITEMS PAID IGH STANDARD TOTAL	нівн	AMOUNT PAID STANDARD  10,733,277.84 10,733,277.84cr 74,054.21 74,054.21cr 1,521,103.21 1,521,103.21cr 15,785.35cr 15,785.35cr 17,77,100.92 1,777,100.92 1,777,100.92 1,775.87cr 60,759.87cr 60,759.87cr 1000.800.29 1,809.600.29cr	DATE PROCESSED 05/19/2009 05/19/2009 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000 05/19/2000
SIMMARY OF BATCHES AHDUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES NET COVERED CHARGES		3, #3 3 8, 65 2, 80		

PLAN NAME : ASSOCIATED INSURANCE COMPAI ATTENTION : MS BARBARA GRIFFITH DISBURSEMENT DATE : 05/19/2000	IES INC	PLAN \$30	FT480198-15980010 Remittance Number 2000-104 Page Humber Di	
PAYMENT SUMMARY INFORMATION PYNT CONTRACT ENPLANATION CODE YEAR A1 48 GROSS PREM WRITTEN ISTOTR 44 48 OFFSETTING ENTRY A3 48 PREM INTEREST INC ISTOTR A4 46 OFFSETTING ENTRY A5 60 CONTRACT AGT EMP 94502000 A1 37 GROSS PREM.WRIT.ADJ A4 37 OFFSETTING ENTRY A3 38 INTEREST INC ADJ A4 59 OFFSETTING ENTRY	ITEMS PAID HIGH STANDARD TOTAL	мівн	AHOUNT PAID STANDARD 30,064,046.28 39,064,046.26 207,461.26 207,461.26 21,462.26 45,902.11 25,526,034.60 2,526,034.60 454,006.29 454,008.2400	DATE PROCESSED 85/19/2000 85/19/2000 85/19/2000 85/19/2000 85/19/2000 85/19/2000 85/19/2000 85/19/2000 85/19/2000
DISSURSEMENT TOTAL  SUPMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS HUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES HE! COVERED CHARGES		8,85 5 9,88 0,08		

DIS	BURS	SEMENT DATE : \$5/1	9/2002				PAGE NUMBER	0)	160094	
		T SUMMARY INFORMAT							140091	
PYP	IT CO	DNTRACT EXPLANAT:	DM	ITEMS PAID			ANDUNT PAID		DATE 160099	
COE	Æ 1	VEAR		HIGH STANDARD	TOTAL	HIGH	STANDARD	TOTAL	PROCESSED 160079	
A )	41	D GROSS PREM W	ITTEN ISTOTE					20,309,416.96	85/19/2000148099	
44	4 4	D OFFSETTING	ENTRY					20.309.416.46CR	95/19/2000140099	_
A S	5 44	D PROMINTERES!	INC ISTOTE					140,124.74	<b>#5/19/2000140099</b>	
44	41		ENTRY					140,124.74CR	05/19/2000140099	
1.6			EXP 04102000					44,502.28	05/19/2000120099	
44			ENTRY					44,502.2BCR	85/19/2000168899	
11								1.213,584.97	05/19/2000160099	
44			ENTRY					1,213,584,99CR	05/19/2000160099	
14			04302000					11,415.45	05/14/2000160044	
4			ENTRY			**		11,415.45CR	85/19/2000160099	
34			04302000					1.512.697.52	05/19/2000140093	
64			ENTRY					1,512,897.52CR	05/19/2000160099	
34			94302000					55,345.19	05/19/2000160099	
44			ENTRY					55.345.19CR	05/19/2000160099	
A. J								1,514,738,49 1,514,738,49CR	05/19/2800160094	
44			ENTRY					272,605.33	05/19/2000160099	
4.			EMIAA Wan					272,695,33CR	05/19/2000160099	
***	• 3	9 OFFSETTING	ENTRY					212184218864	***************************************	
0	SBU	RSEMENT TOTAL							160049	
٠.	MM-6.1	RY OF BATCHES	•						160099	
		UNT PAID APPLIED	to efficient			p. 0 t			360079	
		BER OF GROSS CHAR				3				
		SE COVERED CHARGE				<b>3</b> ,03			3 60044	
		COVERED CHARGES	-			0.40			1 5 3 9 9 9	

PLAN NAME : BLUE CROSS AND BLUE SMIELD ATTENTION : ROBERT B FLEMING DISBURSEMENT DATE : 05/19/2000	OF KENTUCKY INC	PLAN 660	FT400198-1998081D REMITTANCE NUMBER 2000-099 PAGE NUMBER 01	663574 663544 569574
PAYMENT SUMMARY INFORMATION PYNT CONTRACT EXPLANATION CODE YEAR AT 49 GROSS PREM MRITTEN ISTOTR 44 49 OFFSETTING ENTRY AT 49 PROM INTEREST INC ISTOTR 44 49 OFFSETTING ENTRY AT 40 CONTRACT AGT EXP 94532898 AT 40 OFFSETTING ENTRY AT 59 GROSS PREM MRIT.AD. 44 39 OFFSETTING ENTRY AT 39 INTEREST INC AD. 44 39 OFFSETTING ENTRY AT 39 OFFSETTING ENTRY	ITEMS PAID MIÓM STANDARD TOTAL	н[Вн	AMOUNT PAID STANDARD  8,497,453.34 6.407,453.34CR 58,708.57 58,008.57CR 34,086.05 34,086.05 34,086.05 34,086.212.88 550.212.88 113.683.56CR	DATE 65397 PROCESSED 66397 85/14/203960397 95/14/203960397 95/14/203960397 95/14/203960397 95/14/203960397 95/14/2039660397 95/14/2039660397 95/14/2039660397 95/14/203960397 95/14/203960397
DISBURSEMENT TOTAL				****
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES NET COVERED CHARGES		3. \$0 D 3. 88 8. 80		\$40999 \$40099 \$40099 \$40099

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Page: 1

Run Date 06/05/2000

lournal ID: FEP31A Journal Date: 05/31/2000

Description: To Record Additional Mail Order Drug and Retail Pharmacy Source: NME Acctg Per: 5 Journal Status: N Reversal: None Reversal Date

BusDitv/ State Cd/

Line Description Product Account AB Affil Dept Proj Subdy Rsk Cov LOB HSA Project Debit Amount Credit Amount Stat Amount Reference# 0.00 0.00 NFEP 70300040 40 130 21 OH000 4,647,165.57 Benefits Dir-SA-Pharmacy 95 NFEP 50300015 130 21 -4,647,165.57 0.00 40 95 Prem Direct-SA-Pd Clm OH000 0.00 Totals 4,647,165.57 -4,647,165.57 0.00

Query Name GLC7501 REIGN\_JRNL\_\_BUTTON\_

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FEP31 Journal Date: 06/30/2000

Run Date 06/28/2000

lesc	ription:	To Record	To Record Mail Order Drug and Retail Pharmacy (paycodes									: NME	Acctg Per: 6	Journal Status:	N Reversal: None	Reversal Date:
	BusDiv/									PrdGrp	i	State Cd/				
inc	Product	Account	ΑB	Ami	Dept	Proj	Subdy	Rsk	Cov	LOB	H5A	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	4,702.304.70	0.00	0.00	Benefits Dir-SA-Pharmacy
ŗ	NFEP	50300015						40	130	21	95	OH000	0 00	<b>-4,702,304</b> .70	0.00	Prem Direct-SA-Pd Clm
ì	NFEP	70300040						40	130	21	95	IN000	3,401,572.80	0.00	0.00	Benefits Dir-SA-Pharmacy
,	NFEP	50300015						40	130	21	95	IN000	0 00	-3,401,572.80	0.00	Prem Direct-SA-Pd Clm
î	NFEP	70300040						40	130	21	95	KY000	2,771,818 22	0.00	0.00	Benefits Dir-SA-Pharmacy
i	NFEP	50300015						40	130	21	95	KY000	0.00	-2,771,818.22	0.00	Prem Direct-SA-Pd Clm
												Totals	10.875.695.72	-10,875,695,72	0.00	

PLAN NAME : COMMUNITY MUTUAL INSURANCE ATTENTION : KAY KRAKE CW2 272 DISBURSEMENT DATE : 06/21/2000	COMPANY	PLAN 332	FT400198-19980010 REMITTANCE NUMBER 2000-006 PAGE NUMBER 01	
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION CODE YEAR  11 40 DRUG CLAIM ALLOC 05312000 44 40 OFFSETTING ENTRY 38 40 RPP BENEFIT EXP 05312000 44 40 OFFSETTING ENTRY 39 40 RPP ALLOC FEES 05312000 44 40 OFFSETTING ENTRY	ITEMS PAID HIGH STANDARD TOTAL	нтсн	AMOUNT PAID STANDARD TOTAL 2,242,487.2 2,242,487.2 2,459,817.4 2,459,817.4 46,401.3 46,401.3	4 06/21/2000 4CR 06/21/2000 6 06/21/2000 6CR 06/21/2000 6 06/21/2000
DISBURSEMENT TOTAL  SUMMARY OF BATCHES  AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES NET COVERED CHARGES HDR1************************************	*******************	0.00 0 0.00 0.00 0.00 **********	£ = <b>#</b> 4,702	, ,

PLAN NAME : ASSOCIATED INSURANCE COMP	ANIES INC	PLAN 130	F7400196-19980010	130009
ATTENTION : MS BARBARA BRIFFITH			REMITTANCE NUMBER 2000-009	157093
DISBURSEMENT DATE : 86/21/2888			PAGE NUMBER 91	130004
PAYMENT SUMMARY INFORMATION				130004
PYHT CONTRACT EXPLANATION	ITEMS PAID		AMOUNT PAID	DATE 130009
CODE YEAR	HIGH STANDARD TOTAL	HISH	STANDARD TOTAL	PROCESSED 130009
11 40 DRUG CLAIM ALLOC \$5312000			1.594.109.10	96/21/2000139999
44 40 OFFSETTING ENTRY			1,596,189.18CR	\$6/21/2000130009
14 40 DEMAND HGT EXP			25,775.23	06/21/2000130009
44 40 OFFSETTING ENTRY			23,775.23CR	06/21/2000130009
38 40 RPP BENEFIT EXP 05312000			1,805,463.70	04/21/2000130009
44 49 OFFSETTING ENTRY			1.805,463.70CR	06/21/2000130009
39 40 RPP ALLOC FEES 05312900			34,117.50	06/21/2000130009
44 40 OFFSETTING ENTRY			34,117.50CR	86/21/2009130009
DISBURSEMENT TOTAL				139089
SUMMARY OF BATCHES				130909
AMOUNT PAID APPLIED TO REFUNDS		9.00		130009
NUMBER OF GROSS CHARGE LINES		,	4 - 14NI h.	77 80 130009
GROSS COVERED CHARGES		9.00	£ = 3,401,5	130009
NET COVERED CHARGES		4.00	-1 -1	130004

PLAN MAME : ASSOCIATED INSURANCE COMPL STIENTION : MS BARBARA GRIFFITH DISBURSEMENT DATE : 84/21/2000	MIEZ INC	PLAN \$30	FT400198-19980 REMITTANCE MUMI PAGE NUMBER		630128 630128 630128
FAVMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION CODE YEAR 15 49 CONTRACT AGT EXP \$5512000 44 40 OFFSETTING ENTRY	TEMS PAID HIGH STANDARD TOTAL	H36H	AMOUNT PAID STANDARD	TOTAL 106:198.53 106:098.55CR	DATE 634128 PROCESSED 639128 86/21/2000630128 86/21/2000630128
DISBURSEMENT TOTAL					630128
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LIMES GROSS COVERED CHARGES NET COVERED CHARGES		8,80 8 9.65 8.65			639128 639128 639128 639128

PLAN NAME : BLUE CROSS AND BLUE SHIEL ATTENTION : ROBERT B FLEMING DISBURSEMENT DATE : 36/21/2000	D OF KENTLICKY INC	PLAN 158	F1484188-19980018 REMITTANCE NUMBER 2008-122 PAGE NUMBER 01	160122 160122 160122
PAYMENT SUMMARY INFORMATION PYNT CONTRACT EMPLANATION CODE YEAR 10 49 CONTRACT AGT EXP 853:2000 44 40 DFFSETTING ENTRY 11 40 DEMAND MOT ENT 14 40 DEFSETTING ENTRY 44 40 DEFSETTING ENTRY 45 40 PERSENTING ENTRY 46 40 DFFSETTING ENTRY 47 40 DFFSETTING ENTRY 48 40 DFFSETTING ENTRY 49 40 DFFSETTING ENTRY 59 40 RPP ALLOC FEES 853:2000 44 40 DFFSETTING ENTRY DISBURSEMENT TOTAL	ITEMS PAID HIGH STANDARD TOTAL	нгрн	AMOUNT PAID STANDARD  49,356.56 49,356.56 1.250.846.57 1.250.846.77.30 16,977.30 16,977.30 1,520,98.65 30,909.77 39,909.77 R	160122 DATE 160122 PROCESSED 160122 06/21/2000160122 06/21/2000160122 06/21/2000160122 06/21/2000160122 06/21/2000160122 06/21/2000160127 06/21/2000160122 06/21/2000160122 06/21/2000160122
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LIMES GROSS COVERED CHARGES NET COVERED CHARGES		9.00 0.00 9.50	2= 2,771,8	18.22 160122 160122 160122 160122

PLAN NAME : BLUE CROSS AND BLUE SHIELD ATTENTION : ROBERT B FLEMING DISBURSEMENT DATE : 36/21/2000	OF KENTUCKY INC		PLAN 563	FT400198-199800 REMITTANCE NUMB PAGE NUMBER		663122 863122 863122
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION CODE YEAR 18 40 CONTRACT AGT EXP 95512999 44 40 OFFSETTING ENTRY	ITEMS PAID HIGH STANDARD	TOTAL	нган	AMDUNT PAID STAMBARD	TOTAL 34,200.23 34,200.23CR	660122 DATE 660122 PROCESSED 660122 86/21/2000660122 86/21/200660122
DISBURSEMENT TOTAL						660122
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS MUMBER OF BROSS CHARGE LINES GROSS COVERED CHARGES HET COVERED CHARGES			8.95 6 8.95 8.55			660)23 660122 660122 660122 669122

Filed 11/14/2005 Page 19 of 23

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> FEP31A Journal Date: 06/30/2000

Run Date 06/29/2000

5	scription: To reverse Feb. recording of Mail Order Drug and Retail								ail	Source: NME			Acctg Per: 6	Journal Status:	N Reversal: None	Reversal Date	
	BusDiv.	,								ProGrp		State Cd/					
C	Product	Account	AB	Affil	Dept	Proj	Subdy	$R \ll$	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description	
	NFEP	70300040						40	130	21	95	OH000	0.00	-4,241,399.30	0 00	Benefits Dir-SA-Pharmacy	
	NFEP	50300015						4()	130	21	95	OH000	4,241,399.30	0.00	0.00	Prem Direct-SA-Pd Clm	
	NEEP	70300040						40	130	21	95	IN000	0.00	-2,922,741.89	0.00	Benefits Dir-SA-Pharmacy	
	NEEP	50300015						40	130	21	95	IN000	2,922,741.89	0.00	0.00	Prem Direct-SA-Pd Clm	
	NFEP	70300040						40	130	21	95	KY000	0.00	-2,412,015.07	0 00	Benefits Dir-SA-Pharmacy	
	NFEP	50300015						40	130	21	95	KY000	2,412,015.07	0.00	0 00	Prem Direct-SA-Pd Clm	
												Totals	9,576,156.26	-9,576,156.26	0.00		

Filed 11/14/2005 Page 20 of 23

Query Name: GLC750 REIGN\_JRNL\_BUTTON\_

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ournal ID:

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FEP31 Journal Date: 02/29/2000

Run Date 07/03/2000

esc	ription:	To Recon	d Mail Orde	r Drug a	nd Retai	i Pharmac	y (Pay	codes	11 &	Source	: NME	Acctg Per: 2	Journal Status:	P Reversal: None	Reversal Date:
	BusDiv/								PrdGrp	ŕ	State Cd/				
ine	Product	Account	AB Aff	1 Dept	Proj	Subdy	Risk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description
	NFEP	70300040					40	130	21	95	OH000	4,241,399.30	0.00	0.00	Benefits Dir-SA-Pharmacy
	NEED	50300015					40	130	21	95	OH000	0.00	-4,241,399.30	0.00	Prem Direct-SA-Pd Clm
	NEEP	70300040					40	130	21	95	IN000	2.922,741.89	0.00	0.00	Benefits Du-SA-Pharmacy
	NEED	50300015					40	130	21	95	IN000	0.00	-2,922,741.89	0.00	Prem Direct-SA-Pd Clm
•	NFEP	70300040					40	130	21	95	KY000	2,412,015.07	0.00	0.00	Benefits Dir-SA-Pharmacy
i.	NFEP	50300015					40	130	21	95	KY000	0.00	-2,412,015.07	0.00	Prem Direct-SA-Pd Clm
											Totals	9,576,156.26	-9,576,156. <b>2</b> 6	0.00	

\* BCBSA Director's Office sent the wrong file, remit. ands. received in Feb were incorrect.

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Journal to be copied: FSP31 02/29/2008

29-FEB-2000 30-JUN-2000 38-JUN-2050

Journal copied successfully

Query Name. GLC7501 REIGN\_JRNL\_BUTTON\_

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urnal ID: FEP31B Journal Date; 06/30/2000

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Run Date: 06/29/2000

L.a	mai ita.	161010			JUG	ndi Date.	NO.	Jan Kara	U							
5	cription:	To Recor	d Correct	Feb	Mail O	rder Drug	and Re	tail Ph	armac	y	Source	; NME	Acctg Per: 6	Journal Status:	N Reversal: None	Reversal Date:
	BusDiv.	ı								PrdGrp	į	State Cd/				
ì¢	Product	Account	AB A	m	Dept	Proj	Subdy	Rsk	Cov	LOB	HSA	Project	Debit Amount	Credit Amount	Stat Amount Reference#	Line Description
	NFEP	70300040						40	130	21	95	OH000	5,529,375.29	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	OH000	0.00	-5,529,375.29	0.00	Prem Direct-SA-Pd Clm
	NFEP	70300040						40	130	21	95	IN000	3,875,809.48	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	IN000	<b>0</b> 00	-3,875,809.48	0.00	Prem Direct-SA-Pd Clm
	NEEP	70300040						40	130	21	95	KY000	3,237,246.97	0.00	0.00	Benefits Dir-SA-Pharmacy
	NFEP	50300015						40	130	21	95	KY000	0.00	-3,237,246.97	0.00	Prem Direct-SA-Pd Clm
												Totals	12,642,431 74	-12,642,431.74	0.00	

CAN NAME : COMMUNITY MUTUAL INSURANCE ATTENTION : KAY KRAKE CW2 272 DISBURSEMENT DATE : 02/29/2000	COMPANY	PL, AN 332	FT400198-19980010 REMITTANCE NUMBER 2000-005 PAGE NUMBER 01							
PAYMENT SUMMARY INFORMATION PYMT CONTRACT EXPLANATION CODE YEAR  11 40 DRUG CLAIM ALLOC 01312000 44 40 OFFSETTING ENTRY 38 40 RPP BENEFIT 01312000 44 40 OFFSETTING ENTRY 39 40 RPP ALLOC 01312000 44 40 OFFSETTING ENTRY A1 38 GROSS PREM WRITTEN ADJ 44 38 OFFSETTING ENTRY A3 38 PRGM INTEREST INC ADJ 44 38 OFFSETTING ENTRY	ITEMS PAID HIGH STANDARD TOTAL	HIGH	AMOUNT PAID STANDARD  2,762,796.45 2,766,578.84 2,766,578.84 2,766,578.84 74,951.25 74,951.250 242,656.40 242,656.40 42,141.90 42,141.90	02/29/2000 R 02/29/2000 02/29/2000 R 02/29/2000 R 02/29/2000 R 02/29/2000 02/29/2000						
DISBURSEMENT TOTAL										
SUMMARY OF BATCHES AMOUNT PAID APPLIED TO REFUNDS NUMBER OF GROSS CHARGE LINES GROSS COVERED CHARGES NET COVERED CHARGES HDR1************************************		0.00 0 0.00 0.00	***	******						

2 = 5,529,375.29